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FOR SE OF FORM 24/48			

Full Name of Payee Harris Media, LLC		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 23 / 2020</div> </div>	
Mailing Address 6500 Manor Drive		Amount <div> <div>125048.00</div> </div>	
City	State	Zip Code	Transaction ID : SE.13942 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2020</div> </div>
Austin	TX	78723	
Purpose of Expenditure Digital advertising (placement cost) and peer-to-peer texting		Category/ Type	004
Name of Federal Candidate TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>15202377.43</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130193.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Restoration PAC		FEC IDENTIFICATION NUMBER ▼ C C00571588	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Harris Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2020	
Mailing Address 6500 Manor Drive		Amount 148949.00	
City Austin	State TX	Zip Code 78723	Transaction ID : SE.13943
Purpose of Expenditure Digital advertising (placement cost) and peer-to-peer texting		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2020
Name of Federal Candidate BIDEN, JOSEPH R JR, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 15351326.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	148949.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	279142.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2020

Signature